

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Spillman Branagan

Town

County

MARYLAND

Died at

Palmer

St. Mary's

Date

of death 1907

Month

3

Day

11

Years

2

Age

Months

Days

Sex

male

Color or
Race

white

Birth-
place

ind

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harmon Branagan

Father's
Birthplace

ind

Mother's
Maiden Name

Bertie Morgan

Mother's
Birthplace

ind

Name of person giving
information

Harmon Branagan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

5 days

Immediate

Acute meningitis

How long

3 "

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

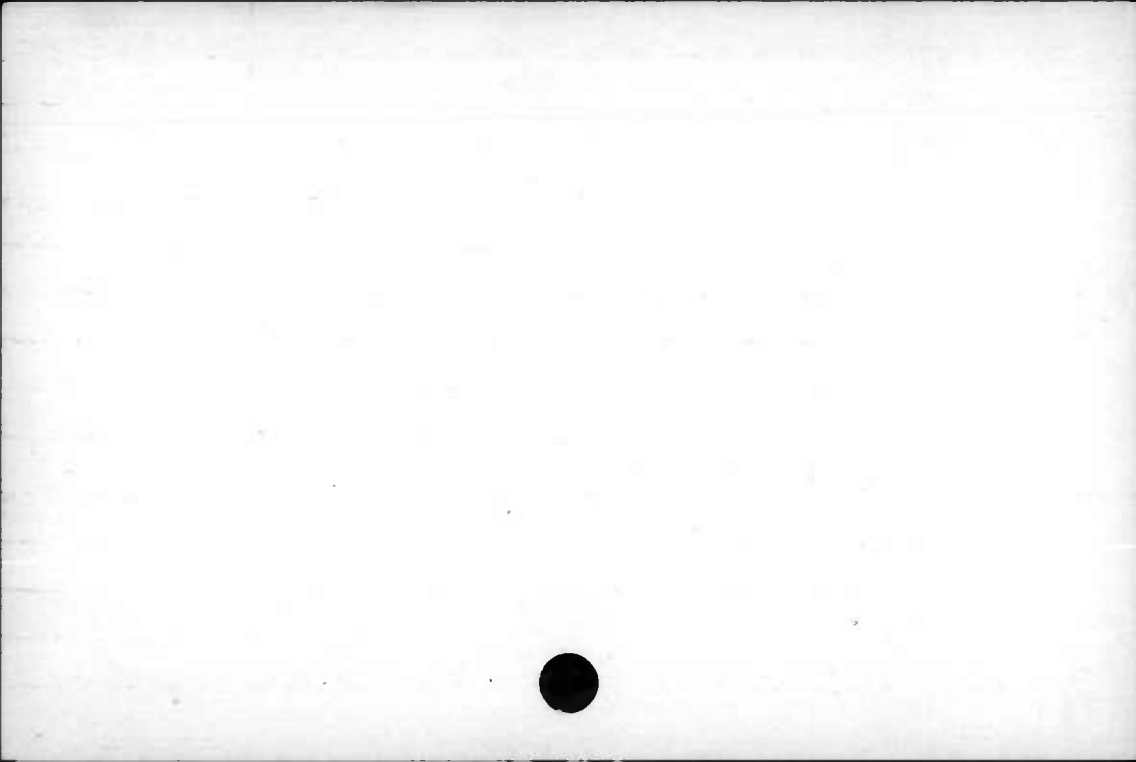
W. V. Palmer

Palmer

ind

Accident or Suicide?

yes.



Name
in
Full

Harriet Dyson

CERTIFICATE OF DEATH

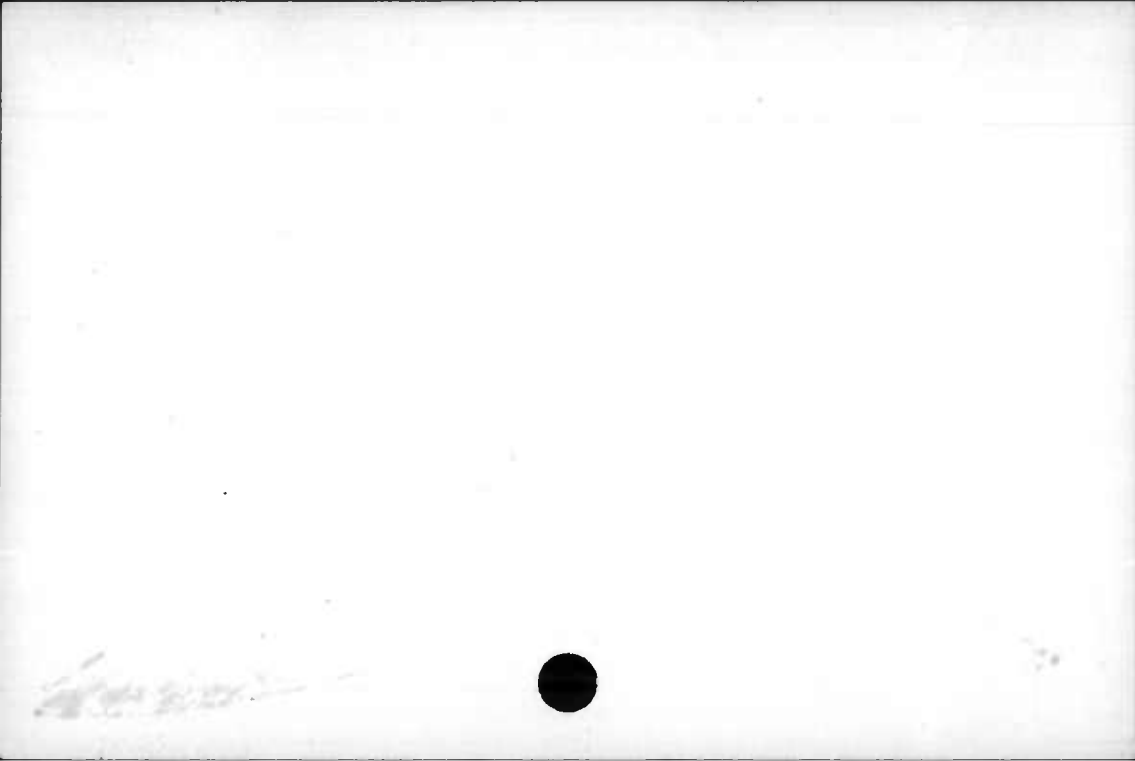
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakley</u> Town		<u>Stearns</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>19</u>	Age <u>50</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>und</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Francis Dyson</u>				
Father's Name <u>Daniel Wadaland</u>	Father's Birthplace <u>und</u>				
Mother's Maiden Name <u>Melinda Wadaland</u>	Mother's Birthplace <u>und</u>				
Name of person giving information <u>Francis Dyson</u>	How related to deceased <u>Husband</u>				

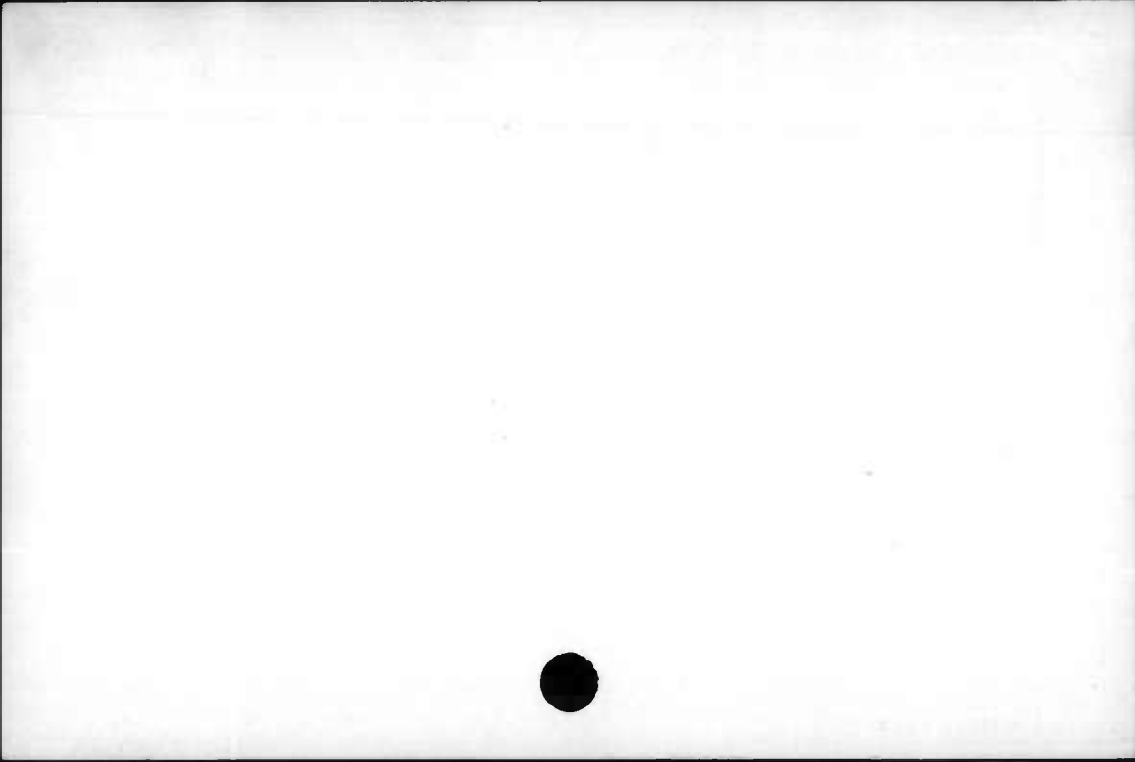
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	<u>(50)</u>	How long <u>5 years</u>
Immediate <u>Cocaine</u>		How long <u>2 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt. V. Palmer</u>	
	Address <u>Palmer's P.O.</u>	
Accident or Suicide?	<u>No</u>	



Name in Full Louise Ellis		Town Palmer		County St. Mary's		STATE MARYLAND	
Died at Palmer		Month 3		Day 13		Years 1	
Date of death 1907		Months —		Days —			
Sex Female		Color or Race White		Birthplace md			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Heran Ellis		Father's Birthplace md					
Mother's Maiden Name Rose Maatungly		Mother's Birthplace md					
Name of person giving information Heran Ellis		How related to deceased Father					
CAUSES OF DEATH							
Primary Convulsions Sudden		How long 1 hour off.					
Immediate Cause Unknown		How long —					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. V. Palmer					
		Address Palmer					
Accident or Suicide? —		md					



Name

In
Full

Francis N. Gatten

CERTIFICATE OF DEATH

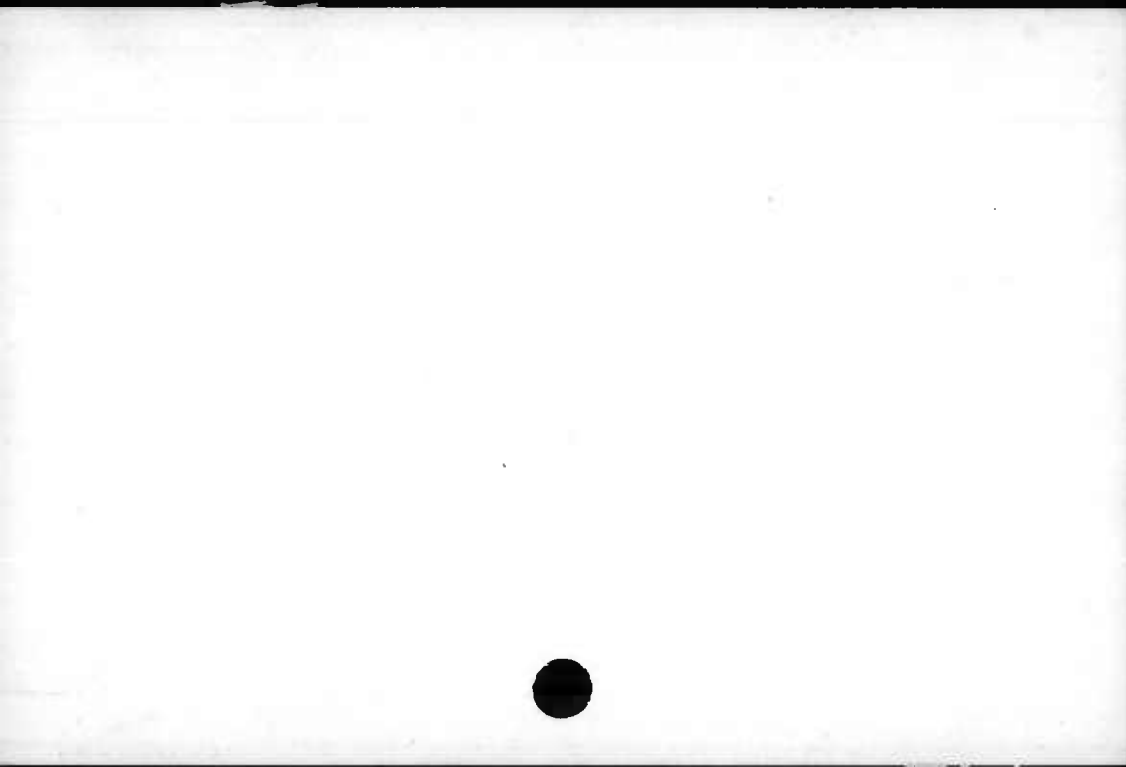
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Drum Clipp</u>		Town		County		MARYLAND	
Date of death	1907	Month	3	Day	26	Age	Years
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Ind</u>		Months	
Occupation <u>None</u>		Where Residing if not at place of death		Days		2	
Married Single		Name of Wife or Husband		<u>None</u>			
Father's Name <u>David D. Gatten</u>		Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Nathaniel L. Ellipt</u>		Mother's Birthplace <u>Ind</u>					
Name of person giving information <u>D. D. Gatten</u>		How related to deceased <u>Foster</u>					

CAUSES OF DEATH

Primary	<u>Cerebral</u>	(71)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. O. King</u>	
		Address	
		<u>Dr. King</u>	
		<u>Ind</u>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Aloizio Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Riversprings* Town*St. Mary's* County

Date

of death *1907*Month *3*Day *2*

Age

Years *22*Months *6*Days *14*

Sex

*male*Color or
Race*white*Birth-
place*ind*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Maria Norris*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
Information*Steward Norris*How related
to deceased*Son*

CAUSE OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Intestinal Dyspepsia

How long

3 years

Immediate

Convulsions

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. V. Palmer*

Address

Palmer

Accident or Suicide?

REC-110



Name
in
Full

Joseph Washington

CERTIFICATE OF DEATH

Town

Hennanville

County

St. Mary's

MARYLAND

Died at

Date

of death

1907

Month

March

Day

26th

Age

Years

12

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

St. Mary's, Co.

Occupation

Servant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Washington

Father's
Birthplace

St. Mary's

Mother's
Maiden Name

Barbary Washington

Mother's
Birthplace

.. ..

Name of person giving
Information

my father

How related
to deceased

CAUSES OF DEATH

116

Primary

Lorn a Kick of horse

How long

1

Immediate

Peritonitis

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

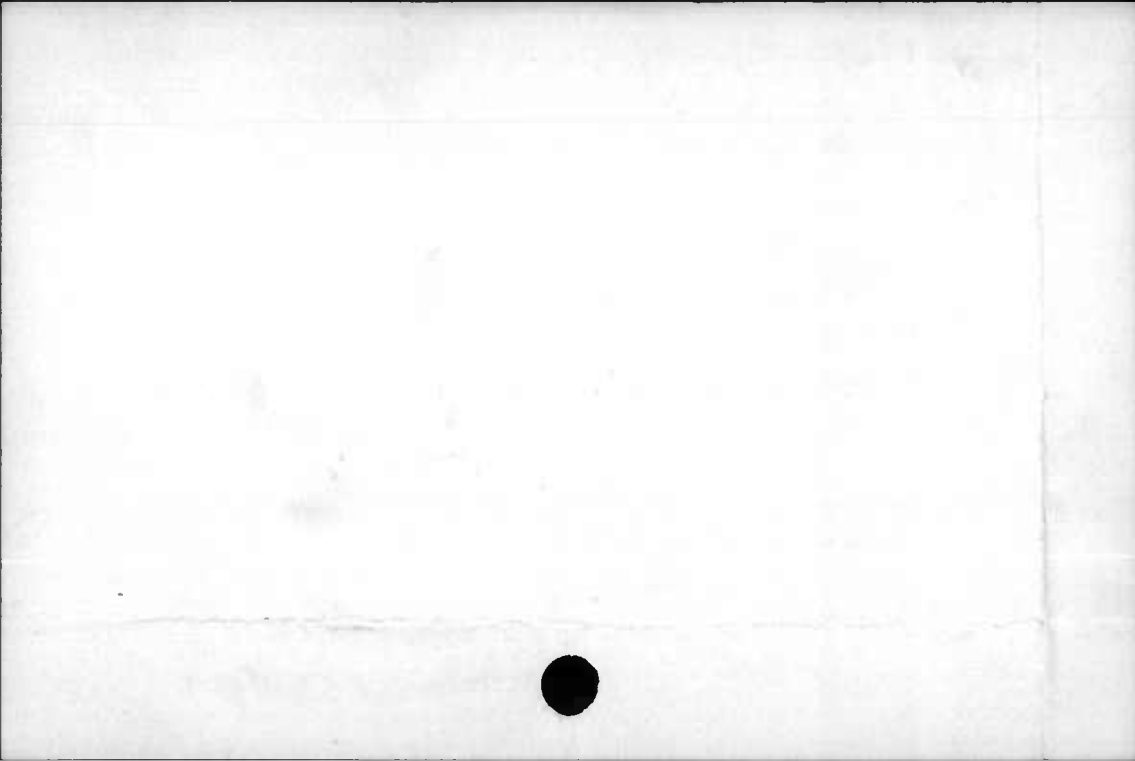
Signature of
Physician

Address

Henry Richardson
Great Mills

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Watts

CERTIFICATE OF DEATH

Died at ^{Town} NewmoussvilleSK ^{County} Moys

MARYLAND

Date of death 1907 ^{Month} Mch ^{Day} 18Age ^{Years} 70 ^{Months} ^{Days}

Sex Male

Color or Race Colored

Birth-place Md

Married, Single or Widowed Married

Occupation Farmer

Name of Wife or Husband Mary Watts

Father's Name Donk Know

Father's Birthplace Md

Mother's Maiden Name Donk Know

Mother's Birthplace Md

Name of person giving information

How related to deceased

CAUSES OF DEATH

27

Primary Tuberculosis Pulmonary

How long 6 years

Immediate Exhaustion

How long 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. P. H. Lloyd

Address Ridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

